



Advanced Medical Department Officer Course

Medical Inspector General
Investigation and Inspection
Team Leader / Program
Inspector



Overview

- The Purpose
- Investigation Program
 - Hotline
 - Frequent Findings
- Inspection Process
 - Preparation
 - Inspection
 - Findings
 - Resolution



The Purpose

- The MEDIG serves as “the eyes, ears and conscience” of the Chief, BUMED/SG. The Medical Inspector General ensures oversight of BSO-18 programs and operations ensuring safe health service delivery.
- The Joint Commission (TJC) Liaison during MTF surveys
- Investigate, report and assist on behalf of the Navy Surgeon General



MEDINSGEN Staffing



- MEDINSGEN
- Deputy
- Investigations (2/3)
- Inspections
 - 3 Teams (2 each)
 - Fiscal
 - Safety/Occ Health
- Support (3)

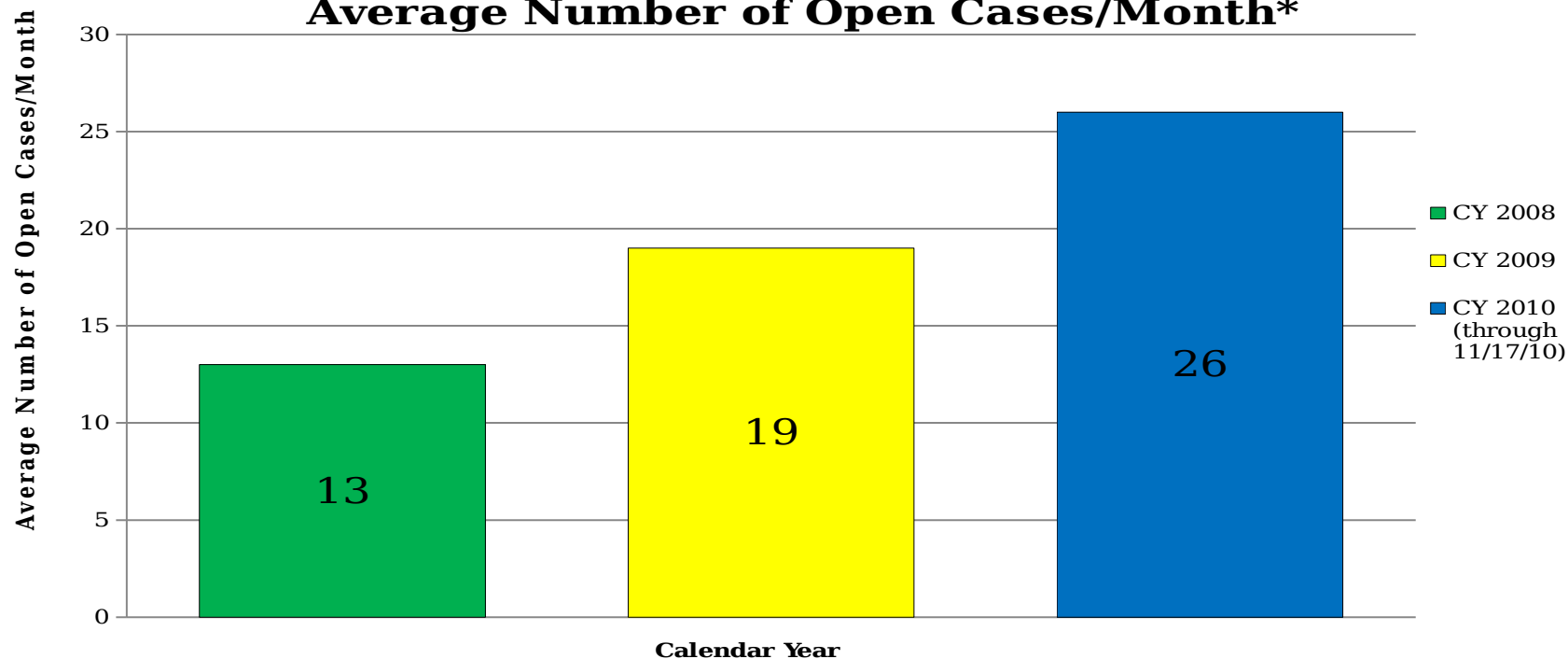


Navy Medicine Hotline Program

- Primary responsibility: to receive and evaluate allegations pertaining to fraud, waste and abuse concerns and complaints and conduct an inquiry or investigation if appropriate.
- Ensure complaints are efficiently and effectively resolved through close relationship with
 - Office of the Naval Inspector General
 - Department of Defense Inspector General
 - Other Defense agencies' Inspectors General
- Each Regional Medical IG has their own hotline, as well as majority of echelon 4s.



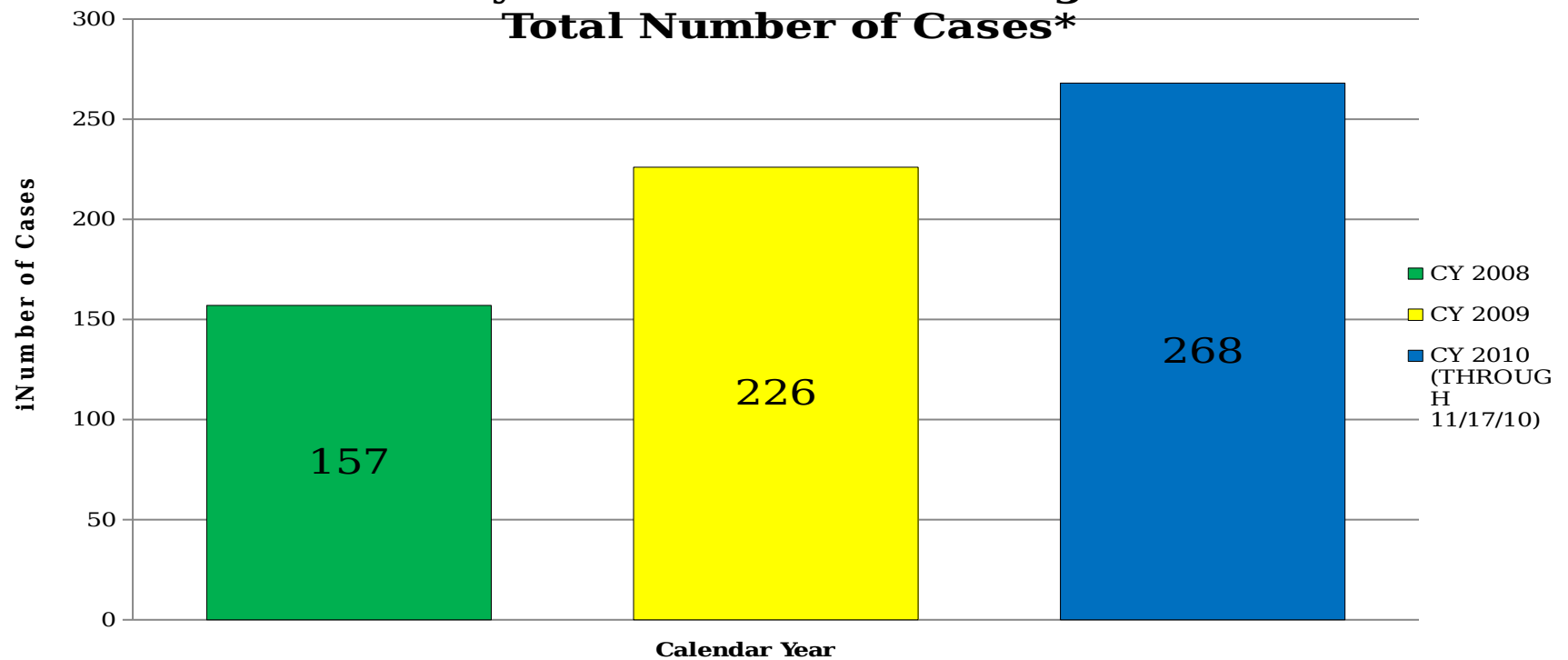
Navy Medicine Hotline Program Average Number of Open Cases/Month*



* NIGHTS Adhoc Report Data



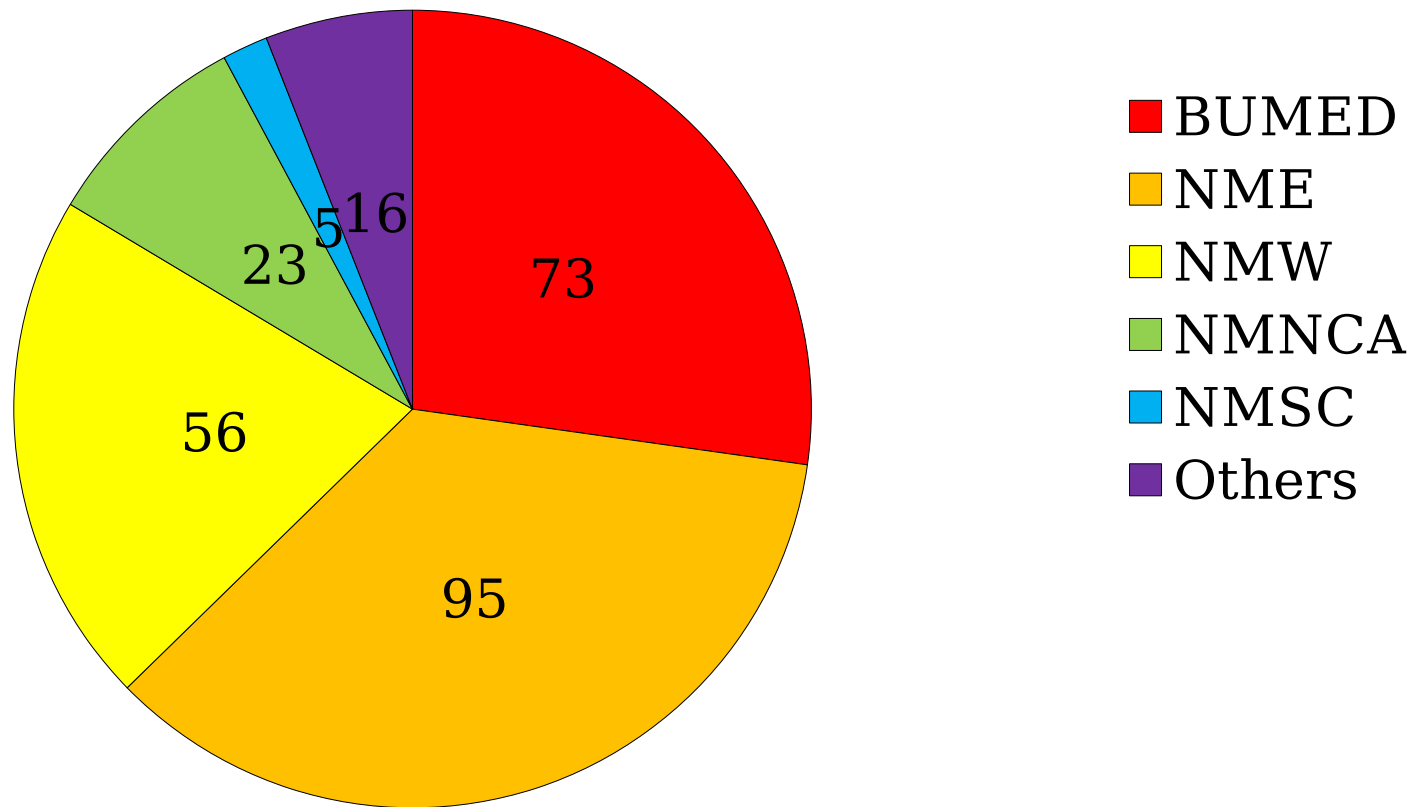
Navy Medicine Hotline Program Total Number of Cases*



* NIGHTS Adhoc Report Data



Navy Medicine Hotline Cases by Region CY2010 (through 17 November 10)



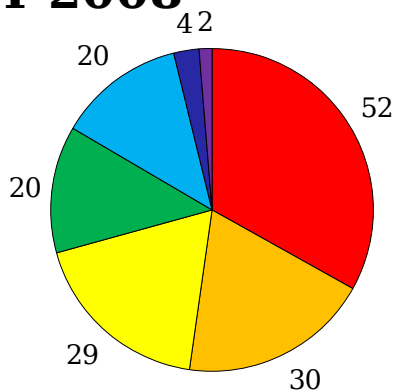
Note: Through November 2010



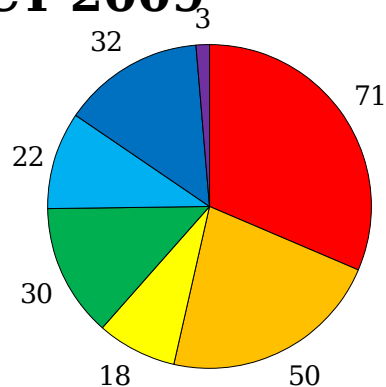
Navy Medicine Hotline

Method of Receipt

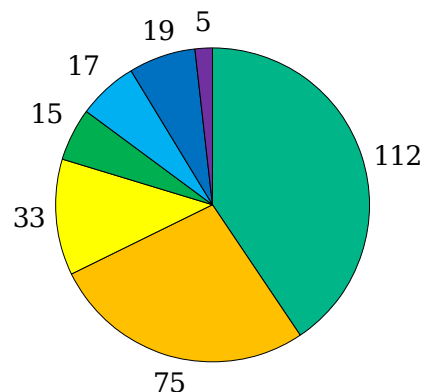
CY 2008



CY 2009



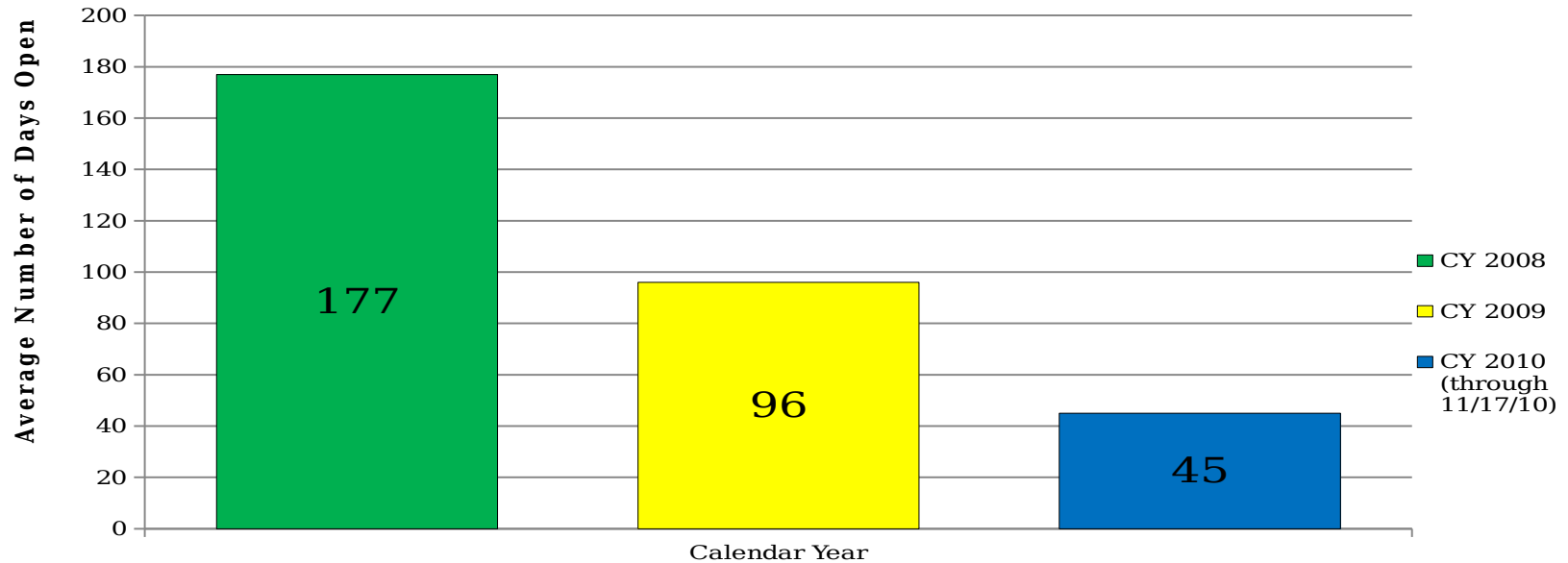
CY 2010



- E-mail
- Telephone
- Regular Mail
- Fax
- Walk-In
- Website
- Interview



Navy Medicine Hotline Program Average Number of Days Open*

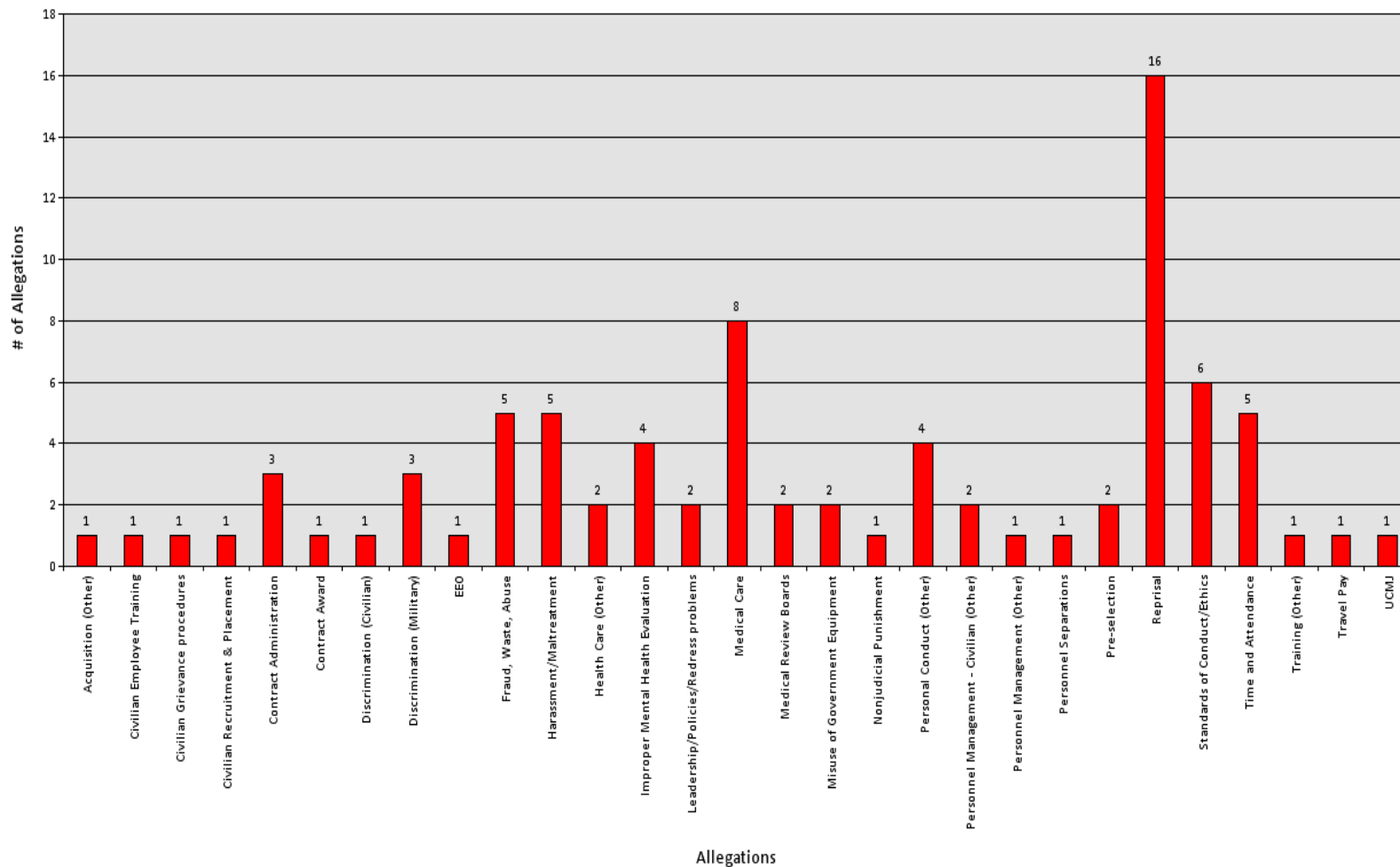


* NIGHTS Adhoc Report
Data



Current Allegations

Summary of Allegations from Current Open Cases





Top Five Hotline Complaints

JUL - DEC 2010

- Whistleblower/Reprisal – Remains #1
- Improper Command-Directed Mental Health Referrals – 4
 - Initial complaint against Commanding Officer, during course of investigation, emerging allegations against Mental Health providers for not following directive.
- Abuse of Authority.
- Standards of Conduct/Ethics.
- Improper Civilian Personnel Practices.



Substantiated Allegations (Jul - Dec 2010)

- Contract Mismanagement
- Privacy Information violation
- Telework Regulation violation
- Abuse of Authority



COMMAND-DIRECTED MENTAL HEALTH EVALUATIONS (MHE)

- 50% of DODINSGEN complaints regarding improper command-directed MHE are substantiated.
- 72% of NAVINSGEN complaints regarding improper command-directed MHE are substantiated.
- Overwhelming majority of substantiated complaints are due to procedural errors.



COMMAND-DIRECTED MENTAL HEALTH EVALUATIONS (MHE)

Most common procedural errors:

- CO does not consult with a Mental Healthcare Provider (MHCP) before the referral.
- AD SM is escorted to the Mental Health Clinic by a member of their command without letter requesting Command-Directed MHE.
- CO coerces or “strongly recommends” that the member get an MHE.



COMMAND-DIRECTED MENTAL HEALTH EVALUATIONS (MHE)

Most common procedural errors:

- Someone other than the CO referred the member for an MHE.
- MTF: Once at the clinic, the Mental Healthcare Provider (MHCP) “changes” a directed MHE to a “voluntary” evaluation when there is no Command-Directed letter from the CO, without first calling the member’s CO.
- MTF: Following the evaluation, the MHCP does not forward a memo to the CO informing him/her of the results.



COMMAND-DIRECTED MHE

Bottom Line

- DoD IG is going to give full consideration to the active duty service member who has filed a complaint that his rights have been violated.
- If ADSM says that his command told him to come to the clinic, is brought to the clinic by the command, has been told its better to volunteer than for the command to have to do all the paperwork...then its best to call the member's CO prior to initiating an evaluation.



Whistleblower/Reprisal

- A reprisal occurs when a Responsible Management Official takes or threatens to take an unfavorable personnel action, or withhold or threaten to withhold a favorable personnel action, because someone made or prepared to make a protected communication.



Whistleblower/Reprisal

- An unfavorable personnel action is any action that unfavorably affects or has the potential to unfavorably affect a member's position or career.
- A protected communication is an lawful communication to a member of Congress or IG. Can also be communication with law enforcement agencies, CMEO, or someone in the chain of command if it is to report a violation of law or regulation.



Whistleblower/Reprisal

- Most reprisal complaints are never substantiated because a preponderance of the evidence reveals that the unfavorable action was taken independent of the protected communication.
- Reprisal complaints are very complicated and require numerous man-hours to determine legitimacy of allegation.
- Most common cause appears to be poor communication between leadership and member regarding performance and expectations.

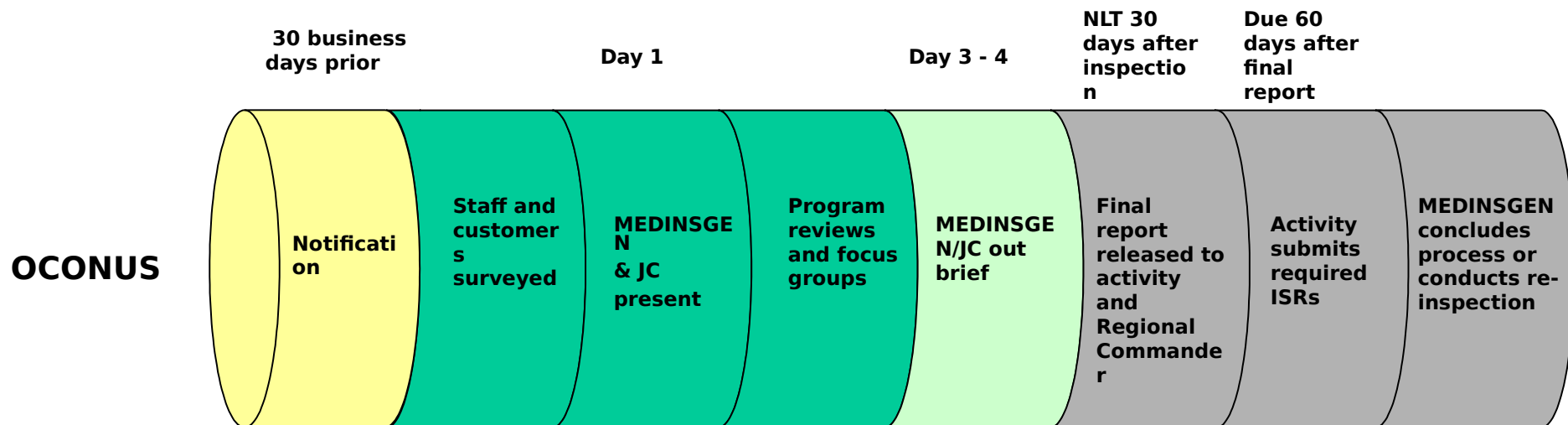
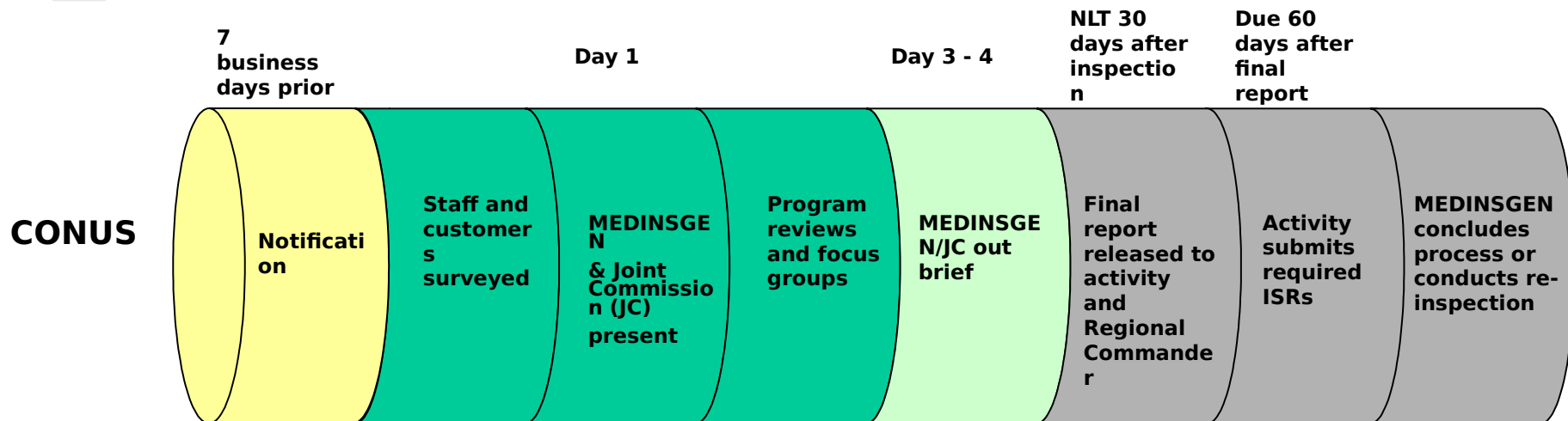


MEDINSGEN Inspection Process

- Assessment of Echelon 3-6 commands every one to four years
- MEDINSGEN develops schedule
 - Periodicity
 - Randomness
 - Area(s) of Concern
- Strong relationship with The Joint Commission



MEDINGEN Inspection Timeline





Inspection Preparation

- Notification
- Assign Command Liaison
- Command Demographics
- Agenda
- Command Survey
- Requested Documentation



Inspection Process

- In-brief
- Program Review
- Focus Groups
- Branch Clinic Visits
- Regional Leadership Visits
- Daily Briefs
- Out-brief



Inspection Focus (Aligning with BUMED Priorities)

- Deployment Readiness
- Effective Force Health Protection
- People
- Quality of Care
- Patient and Family Centered Care
- Performance Based Budget
- Research and Development
- Financial Resources Management
- Materials Management
- Safety and Occupational Health



68 Programs Inspected

- Deployment Readiness (5)
IDC, HMSB/TCCC, Emergency Management Plans, Health Services Augmentation Program, PDHRA
- Effective Force Health Protection (4)
Antiterrorism Force Protection and Physical Security, Deployment Health Assessments, Limited Duty Program, Operational Forces Medical Liaison Services
- People (17)
CMEO, Diversity, DAPA, Awards and Recognition, Command Sponsor/Indoctrination Program, Good Order and Discipline, Navy Family Ombudsman Program, Navy Performance Evaluation System, Navy Retention and Career Development Program, Off-Duty Employment Program, Physical Readiness Program, Staff Supervision of Residents, Urinalysis Program, Bachelor Quarters Management, Civilian Personnel Management, Civilian Drug- Free Workplace Program, Education and Training Program, Echelon Oversight
- Quality of Care (9)
Access to Care, AHLTA, Health Information Management, Information Management/Information Technology , Risk Management, Population Health, Records Management (Non-medical), Referral Management Program, Credentialing



68 Programs Inspected (cont.)

- Patient and Family Centered Care (5)
Case Management Program, Customer Relations Program, Educational and Development Intervention Services, Pastoral Care Program, SARP, Staff and Beneficiary Surveys
- Performance Based Budget (2)
Fraud, Waste and Mismanagement Program, Standard Organization Compliance
- Research and Development (5)
Human Research Protection Program, Veterinary Affairs Program, Clinical Investigation Program, Biosourety, Research Ethics
- Financial Resource Management (11)
Comptroller, Financial Reporting, Budget Formulation and Execution, OPTAR, Data Quality, MOUs/ISSAs, Accounting, Civilian Time and Attendance, Travel, Managers' Internal Control (MIC), Command Evaluation, Commercial Activities,
- Materials Management (7)
Operations, Purchase Card, Contract Acquisition Management, Equipment Management, Equipment Maintenance Management, Ethics Compliance, Customer Satisfaction
- Safety and Occupational Health (3)
Safety Metrics and Self Assessment, Industrial Hygiene Metrics and



The Joint Commission (TJC)

- Mission: To continuously improve the safety and quality of care provided to the public
- Navy Leaders: Oversight responsibility of the safety and quality of care delivered to our beneficiaries



TJC Function Chapters

- Accreditation Participation Requirements
- Environment of Care
- Emergency Management
- Human Resources
- Infection Prevention and Control
- Information Management
- Leadership
- Life Safety
- Medication Management



TJC Function Chapters (cont.)

- Medical Staff
- National Patient Safety Goals
- Nursing
- Provision of Care, Treatment, and Services
- Performance Improvement
- Record of Care, Treatment & Services
- Rights and Responsibilities of the Individual
- Transplant Safety
- Waived Testing



MEDINGEN Inspection Findings

- Provided at Out-brief
- Official Report in 30 days
 - Requirements for Improvement
 - Supplemental
 - Opportunities for Improvement
- Post-inspection Survey



FY 2010 MEDINSGEN Most Common Findings

- Population Health
- Standard Organization
- Equipment Management
- Health Services Augmentation Program
- Off Duty Employment
- Navy Records Management
- Sexual Assault Prevention and Response
- Commercial Travel/DTS



MEDIG INSPECTION RESULTS

TOP FIVE, JUL-DEC 2010

- Top Three Findings: (3 each)
 - Health Services Augmentation - local instructions and SOPs do not exist
 - Forms Management - instruction non-compliance
 - Equipment Management - property owners not actively engaged in the program
- Other Common Findings
 - Sexual Abuse Prevention and Response (SAPR) - program does not exist or not established at all elements of command
 - Standard Organization - non-compliance



Inspection Findings Resolution

- Implementation Status Reports
 - Initial in 60 days
 - Continue every 90 days
- Average 10 ISRs (0-13)
- Resolution Range 60 to 700 days





Additional Information

- BUMEDINST 5040.2B
- MEDINSGEN Website (Navy Medicine Online)
 - <http://navymedicine.med.navy.mil>
 - “Tools” tab
 - “Navy Medical Inspector General”
 - drop down



Questions

